

*Let a friend in  
on the good news about  
Advantage65 Select ...*



**The NEW way to protect yourself  
against the bills NOT paid  
by Medicare ...**

**that costs *less* than our  
traditional Medicare supplements!**

**( ▼ *Extra enrollment form enclosed* ▼ )**

# When it comes to supplementing Medicare, the key to *getting more* is NOT spending more ... It's spending LESS!

## How Advantage65 Select works to save you money.

With Advantage65 Select, you agree to use *Select* doctors or hospitals — among the area's finest — in return for *lower* insurance premiums. And instead of requiring you to pick *one* doctor — Advantage65 Select gives you the freedom to go to hundreds of doctors and specialists.

At the same time, you give up *nothing* in the way of protection. You'll simply enjoy all the coverage of a traditional Medicare supplement plan — along with some special "extras" — for much less!

## A choice of plans.

You can choose from two Advantage65 Select plans — B or D. For a comparison of the benefits of each plan, see the chart inside this brochure. To receive full benefits, you must use Select doctors and hospitals in non-emergencies.

You'll also find the affordable rates for Advantage65 Select. We encourage you to compare the benefits and rates to your current coverage — and see for yourself which is the better value!

Also available, but not shown, are our CompCoverage Plans A, B, D and F. These plans are available if you are more comfortable with traditional supplemental coverage. They do not, however, include the special "extras" you get with our new Advantage65 Select plans.

If you have questions or need help enrolling in any of these plans, call us toll-FREE at 1-800-876-2227.

## All your doctor bills will be marked "PAID IN FULL."

Here's another way to save with Advantage65 Select! All Select doctors have agreed to accept the Medicare allowance as payment in full for Medicare-covered services after your Medicare Part B deductible is satisfied. That means you'll *never receive a bill for charges in excess of what Medicare allows* for covered services when you use Select doctors!

## Receive full benefits if an emergency requires you to use a non-Select doctor or hospital.

In an emergency situation, you may not be able to communicate *where* you want to receive medical treatment and, thus, be rushed to the nearest facility for care. *Don't worry:* with Advantage65 Select, medical emergencies that occur anywhere in the United States are covered, *regardless* of which hospital or doctor provides your treatment. (In a medical emergency, non-Select doctors may bill you for charges in excess of the Medicare-approved amount for Medicare covered services, and these charges will not be covered by Advantage65 Select.)

## Get special "VIP" treatment at participating hospitals.

Imagine having all your hospital paperwork completed over the phone *before* you're scheduled to be admitted. You don't have to imagine it — because that's the kind of "VIP" service you'll enjoy with Advantage65 Select at participating hospitals. You'll also enjoy FREE upgrade to a private room, when available ... and a FREE "comfort kit" to make your stay more pleasant.

Turn Here For Benefits At A Glance, Premium Rates And Your Enrollment Form



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## BENEFITS AT A GLANCE

See for yourself how Advantage65 Select gives you more ... *for LESS!*

What Medicare does not cover:		What Advantage65 Select Covers:	
		Plan B	Plan D
<b>PART A HOSPITAL CARE</b>			
\$676.00 initial hospital deductible each benefit period*		✓	✓
\$169.00 a day co-payment for days 61-90 in a hospital*		✓	✓
\$338.00 a day co-payment for days 91-150* (Lifetime Reserve)**		✓	✓
100% of Medicare-allowable expenses for additional 365 days after Medicare hospital benefits stop completely*		✓	✓
Calendar year blood deductible (first three pints of blood) if the deductible is not met by the replacement of blood		✓	✓
\$84.50 per day for days 21-100 in a Skilled Nursing Facility			✓
<b>PART B PHYSICIAN CARE AND MEDICAL SERVICES</b>			
20% of Medicare-approved amount (Part B co-insurance) and 20% of Medicare-approved charges for durable medical equipment (after \$100.00 Part B deductible is met)*		✓	✓
<b>ADDITIONAL BENEFITS/SERVICES NOT COVERED BY MEDICARE</b>			
At-Home Recovery Benefits up to \$1,600 per calendar year			✓
Benefits for medically necessary care received in a foreign country (after a \$250 deductible)			✓
<b>SPECIAL "VIP" SERVICES AT PARTICIPATING HOSPITALS</b>			
Preferential hospital check-in and check-out		✓	✓
FREE upgrade to a private room (when available)		✓	✓
FREE "comfort" kit		✓	✓
<b>EXTRA SAVINGS AT PARTICIPATING DOCTORS</b>			
Acceptance of Medicare allowance as "payment in full" for all Medicare-covered service (NO excess charges for you to pay)*		✓	✓
<b>AUTOMATIC CLAIMS FILING — NO PAPERWORK TO FILL OUT</b>		✓	✓
<b>MONTHLY RATES:</b> If you live in Broward, Dade or Palm Beach county, the premium for your age group is listed at the right. If you live in another county, please call 1-800-876-2227.	AGE AT ENROLLMENT		
	65	\$ 76.80	\$ 84.60
	66 - 67	\$ 79.40	\$ 87.60
	68 - 69	\$ 83.70	\$ 92.70
	70 - 71	\$ 88.80	\$ 98.90
	72 - 74	\$ 97.10	\$108.70
	75 - 79	\$105.20	\$119.10
If you have questions about Advantage65 Select or other insurance plans we offer that do not require the use of Select providers, please call toll-free 1-800-876-2227 and we'll be glad to help you choose the plan that's right for you.		80+	\$107.20
			\$123.80

### Your acceptance is guaranteed.

If you're a resident of an Advantage65 Select county, age 65 or over, and enrolled in Medicare Parts A and B, you cannot be turned down for this coverage. Simply follow the enrollment instructions below — and use the attached enrollment form — to join Advantage65 Select today.

### Here's how to enroll

1. Complete all the information requested on the enrollment form. Be sure to indicate your choice of plans and sign the line where you see an "X."
2. Regardless of the payment method you choose, please enclose a check or money order for your first month's premium for the plan of your choice. (Monthly premiums are shown at left.)
3. Return your completed enrollment form and check to:

Blue Cross and Blue Shield of Florida  
 ATTN: Accounting Services  
 P.O. Box 2913  
 Jacksonville, FL 32231-9986

Questions? Call Toll-Free:

**1-800-876-2227**



Policy Form #'s: 9823-592SR, 9851-592SR

\* Under the Advantage65 Select program, you must use a Select health care provider for these benefits to be provided, unless it is an emergency.

\*\* After 90 days of hospitalization, Medicare benefits are paid from a one-time lifetime reserve of 60 additional days (Days 91-150) which are not renewable each benefit period.





Blue Cross  
Blue Shield  
of Florida

1-800-876-2227

# Your Personal Enrollment Form For Medicare Supplement Insurance

HOME OFFICE USE ONLY

Eff. Date	Clk.
Group No.	
Benefit Level Code	

Amount Enclosed \$ \_\_\_\_\_

## A. Tell Us About Yourself (please print or type):

Name \_\_\_\_\_  
(last) (First) (Middle Initial)

Reference No.: 3466A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security Number \_\_\_\_\_ Medicare Health Insurance Claim Number \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Current Age \_\_\_\_\_

Sex: ☐ Male ☐ Female

Phone #: (\_\_\_\_) \_\_\_\_\_

(number shown on your Medicare Card)

How would you like to pay your premiums? ☐ 2 months ☐ 3 months ☐ 6 months ☐ Annually

## B. For your protection, the National Association of Insurance Commissioners requires that we ask the following questions about insurance policies you may have. To the best of your knowledge:

1. Do you have another Medicare supplement policy or certificate in force (including a health care service contract or health maintenance organization contract?)

☐ Yes ☐ No

If so, with which company?

Insurance company name \_\_\_\_\_

Address \_\_\_\_\_

Original Effective Date: \_\_\_\_\_ Paid to Date: \_\_\_\_\_

Contract Number: \_\_\_\_\_

2. Do you have any other health insurance policies that provide benefits which this Medicare supplement policy would duplicate? ☐ Yes ☐ No

If so, with which company? \_\_\_\_\_

What kind of policy? \_\_\_\_\_

3. If the answer to question 1 or 2 is yes, do you intend to replace these medical or health policies with this policy?

☐ Yes ☐ No

If yes, please check one of the following reasons:

☐ Additional benefits

☐ No change in benefits, but lower premiums

☐ Fewer benefits and lower premiums

☐ Other \_\_\_\_\_

4. Are you covered by Medicaid? ☐ Yes ☐ No

## C. Please Read And Sign Below:

1. You do not need more than one Medicare supplement policy.

2. If you are 65 or older, you may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

3. The benefits and premiums under your Medicare supplement policy will be suspended during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy will be reinstated if requested within 90 days of losing Medicaid eligibility.

4. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning Medicaid. You may contact: Department of Insurance, State Capitol, Plaza Level Eleven, Tallahassee, Florida, 32399-0300, Telephone (904) 922-3131 or 1-800-342-2762 (Florida only).

Your insurance coverage can only be cancelled: at your request, due to non-payment of premium, or if you have made a material misrepresentation or omission on your application. Your individual contract cannot be cancelled solely because of the amount of claims paid under your contract.

You are eligible for this coverage if you are a Florida resident at least 65 years of age, and covered by Medicare Parts A and B. This application will become part of your contract and will remain on file with Blue Cross and Blue Shield of Florida. By signing this application and accepting coverage under the contract, you authorize the ongoing release of any and all information regarding your Medicare claims to Blue Cross and Blue Shield of Florida and its subsidiaries and affiliates.

YES, I understand and agree to the requirement above. To the best of my knowledge, all information I have provided is true and complete.

I have also received complete information on the Blue Cross and Blue Shield of Florida Advantage65 Select policy, and I understand the benefits and restrictions of this plan should I choose to enroll in it.

Joseph J. Sabotin, CLU

X

Signature of Agent

Signature of Applicant

Date

9853-592SU

## D. Please enroll me in: (check one block only)

☐ Advantage65 Select Plan B

☐ Advantage65 Select Plan D

☐ Other (Please specify) \_\_\_\_\_

Please enclose a check for your first month's premium. Be sure to write your Medicare and Social Security numbers on your check.

PLEASE COMPLETE:

I have enclosed \$ \_\_\_\_\_

This is one month's premium at my current age of \_\_\_\_\_

## There are NO waiting periods for pre-existing conditions.

Unlike other health care plans that do not cover you right away for all conditions, Advantage65 Select provides *immediate coverage* with NO waiting periods whatsoever. That means you'll be covered for any pre-existing health conditions you may have — from the very first day your coverage begins!

## There are some exclusions ...

Exclusions of these plans work in conjunction with those of Medicare. For additional exclusions on non-Medicare benefits, see your Outline of Coverage.

*This policy does not duplicate Medicare benefits nor does it pay for services or supplies that are not Medicare-eligible expenses.*

*Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.*



**Blue Cross  
Blue Shield**  
of Florida



**NEW MEMBER ORDER:  
PROCESS IMMEDIATELY.**

**BUSINESS REPLY MAIL**

FIRST CLASS MAIL

PERMIT NO. 227

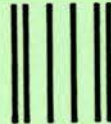
JACKSONVILLE, FL

*POSTAGE WILL BE PAID BY ADDRESSEE:*

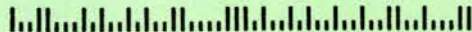


**Blue Cross  
Blue Shield**  
of Florida

**ATTN / ACCOUNTING DEPT  
P O BOX 2913  
JACKSONVILLE FL 32231-9986**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES







**Did you remember to:**

- Sign and date your Enrollment form?
- Select your Plan and enclose your completed Enrollment form?
- Enclose your check or money order?
- Write your Medicare number on your check?

6999-1292R